

Provider Quarterly Report of Human Rights Activities

Name of Provider: _____

Local Human Rights Committee: _____

Name of Provider LHRC Liaison: _____

Name of Licensing Specialist: _____

Number of individuals served by provider in this quarter: _____

Quarter : _____

Status of Allegations of Abuse and Neglect

Number of Abuse Allegation cases: _____

Cases Pending: _____

Cases Closed: _____

Total Counts Alleged by Type:

Physical: _____ Sexual: _____

Verbal: _____ Neglect: _____

Neglect (Peer to Peer): _____

Exploitation: _____

Other: _____ Restraint: _____

Total Counts Occurred by Type:

Physical: _____ Sexual: _____

Verbal: _____ Neglect: _____

Neglect (Peer to Peer): _____

Exploitation: _____

Other: _____ Restraint: _____

Provide details, by date of occurrence, of all cases. Include any required Corrective Action.

Status of Complaint Cases

Total of Complaint Cases: : _____

Number of cases resulting in a violation: _____

Cases Pending: _____

Cases Closed: _____

Complaint Category Totals:

Assurance of Rights: _____

Dignity: _____

Services: _____

Participation in Decision Making; _____

Confidentiality: _____

Access to and Amendment of Services record: _____

Restrictions on Freedoms of Everyday Life: _____

Use of Seclusion Restraint and Time Out: _____

Work: _____

Research: _____

Complaint and Fair Hearing; _____

Determination of Capacity to give consent: _____

Authorized Representatives: _____

Complaint Resolution: _____

Reporting Requirements: _____

Complaint Resolution Level:

Number of complaints resolved in the Informal Process: _____

Number of complaints resolved in the Formal Process: _____

Below Director: _____

Director: _____

Commissioner: _____

LHRC: _____

SHRC: _____

Provide details, by date of occurrence, of all cases that resulted in the following:

- a violation,
- a request for fact-finding (LHRC hearing)
- a Corrective Action Plan

Additional reporting and review requirements as applicable:

Please provide information about your efforts to ensure that allegations of abuse and neglect and human rights complaints are captured and reported as required by the regulations.

Provide information about any changes to your DBHDS licensing status including citations, service additions and closures.

Provide information about any new or amended policies, procedures or program rules that could potentially impact the human rights of individuals receiving services through your organization including but not limited to, restrictions, restraints, seclusions and time-outs.

Please list the actions you have taken to meet the provider's requirements under section 12 VAC 35-115-250 (A) related to support of the LHRC and recruitment of members as needed.

Quarterly Review of any Behavioral Plans involving the use of restraint or time out: